

COMMUNITY LIVING, INC.
Application for Services

Date of Application: _____

- I. Services applied for:
- ____ Full Residential Services (ALU)
 - ____ Community Supported Living Arrangements (CSLA)
 - ____ Individual Family Supports
 - ____ Respite Services
 - ____ Retirement Our Way Program (ROW)
 - ____ Vocational/Day Services

II. Applicant's Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

County: _____

Phone #: _____ Social Security #: _____ - _____ - _____

MA# (if applicable): _____

III. Name of Parent/ Guardian: _____

Is this person the primary contact? _____ Y _____ N

Address: _____

Phone #: (Home) _____ (Work) _____

(mobile) _____

E-mail address: _____

IV. Name of Person Completing form (if different from above): _____

V. Emergency Contact Name and Phone Number (different than above)

VI. Is the individual his/her own guardian? _____ Yes _____ No

VII. Applicant's Disabilities Identified on most recent evaluations:

VIII. Program History

Is applicant presently receiving residential or vocational services? ___ Yes ___ No

If Yes: Name of Provider: _____

Type of Service Received: _____

Provider Phone Number: _____

Has the applicant received residential or vocational service in the past?

If Yes: Name of Provider: _____

Type of Service Received: _____

Phone Number: _____

IX. Medical/Dental

List any specific health conditions (diabetes, seizures, hearing impairment, etc.)

Condition

Any Treatment required?

Is applicant currently taking any medication? _____Yes _____no

If yes:

Name of Medication	Dose	Purpose of Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Care Physician Name and Phone:

List any allergies: _____

Does the individual use any assistive devices: (wheelchair, glasses, communication device) Please list:

X. Socialization/Behavior

Does the applicant display any of the following types of behaviors? (If yes, please describe)

Aggression _____Yes _____No

Self-Injury ____ Yes ____ No

Difficulty sleeping ____ Yes ____ No

Wandering/Elopement/Darting ____ Yes ____ No

Eating Inedible Items ____ Yes ____ No

Destruction of Property ____ Yes ____ No

Other:

XI. Financial

List resources of applicant:: Check all that apply

1. SSI _____
Receiving Amount: _____

2. Medical Assistance _____

3. Social Security Disability Income _____

Receiving Amount: _____

4. VA Benefits _____
Receiving Amount: _____

5. Section 8 Rental Assistance _____
Receiving amount: _____

6. Food Stamps _____
Receiving Amount: _____

7. Medicare _____

8. Other _____ Specify:

XII. Please describe the individual's most significant interests, likes, preferences, needs (things that will help us support the person in the most meaningful way)

XIII. Attach a copy of the applicant's current Individual Plan if applicable.

XIV. If available attach most recent medical, psychological, vocational and other pertinent evaluations.

XV. Please forward to:

Applications
Community Living, Inc.
620-B Research Court
Frederick, Maryland 21703
(301) 663-8811

Note:

- Community Living requires CLI be assigned as representative payee for all individuals receiving residential services.
- If you receive any services from CLI, you will be asked for a list of physicians or other healthcare providers.